



**WASHINGTON STATE PATROL – FIRE PROTECTION BUREAU  
INSPECTION SECTION**

P.O. Box 42600, Olympia, WA 98504-2600  
Phone: 360-596-3906 Fax: 360-596-3934



## **Evacuation**

*Guidelines for staff of licensed care facilities in the event of a fire emergency.*

All Licensed Care Facilities are required to have a fire evacuation plan. (IFC Sec. 405.1 and WAC 212-12-044) When a complete facility evacuation becomes necessary during a fire or other disaster, the facility charge person shall refer to the facility's disaster plan manual for the appropriate protocols. *Note: if it is deemed necessary to evacuate patients to a temporary shelter or a long-term location, notify the Office of the State Fire Marshal immediately.*

The total evacuation procedure may include (but not be limited to) the following considerations:

1. A designated person(s) who has the authority to order evacuation.
2. Which patients will be moved first.
3. An outline for TRIAGE within the facility, as well as one for outside triage prior to transportation to evacuation center.
4. Designated external staging area(s) where patients will be taken on a short-term basis pending return to facility or further transfers.
5. Designed temporary shelter(s) where patients can be housed pending long-term disposition, if circumstances prevent return to the facility in a short-term period of time.
6. If patient records (medical and personal information) are to be moved, how and by whom?
7. What equipment and supplies must accompany the patients?
8. Designated staff to remain with the evacuate patients.
9. Designated long term relocation site(s) must be pre-identified to provide on-going patient care. *Note: A current letter of agreement between facility and relocation site shall be on file.*
10. If there are financial issues related to transfer to another facility, who has the authority to negotiate payment?

The total evacuation of the facility would require a step-by-step process of moving patients through a series of temporary safe areas.

**External Staging Area** – Designated staging areas outdoors away from the facility to get as many people as possible away from the hazard as quickly as possible.

**Temporary Shelter** - Should be designated near the facility where residents can be housed out of the elements during the time needed to analyze long-term options. Written agreements should exist for temporary use of nearby schools, churches, or other buildings.  
Definition of Temporary Shelter -

- Length of stay not to exceed 96 hours.
- Must maintain a "reasonable" degree of fire and life safety.
- Building is not required to have sprinklers and/or fire alarm system, but shall maintain a fire watch.

**Long-term Relocation Sites** - Pre-identified site to provide on-going patient care. Options may include hospitalization, transfer to another nursing home, release to family members, or mass care in designated shelters.

Definition of Long Term Relocation Site -

- Length of stay could exceed 96 hours to an unspecified period of time.
- Fire and life safety needs of the patients shall be met.
- Build-in fire protection shall be required along with the capability to serve critical care patients.
- Before identifying a long term relocation site, consider possible area wide catastrophic events (i.e., earthquake, volcanic eruption, flood).



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## **Defend in Place**

*Guidelines for staff of licensed care facilities in the event of a fire emergency.*

Defend in Place is the process of relocating patient(s) from the smoke zone of fire origin to another protected location within the building. The purpose of Defend in Place is to first remove the patient(s) that are in the immediate vicinity of the fire origin.

### **First Priority:**

- Remove patient(s) from the room or origin, regardless of their mobility condition, if possible. *Note: If not possible, close the door.*
- Remove patient(s) from the rooms adjacent to the room of origin, regardless of their mobility condition.
- Remove patient(s) from room(s) directly across the hallway from the room of origin, regardless of their mobility condition.

### **Second Priority:**

- Continue the process until everyone in the affected smoke zone has been evacuated to a point of safety. *Note: When removing patient(s) to the point of safety, no patient(s) shall be evacuated past the room of origin. This may require patient(s) to be evacuated to the exterior of the building. However, they may reenter the building into unaffected smoke zone.*
- The evacuation priority for all remaining patient(s) within the affected smoke zone is:

**First**, walking patients

**Second**, wheelchair patients

**Last**, bed or litter-borne patients

### **Third Priority:**

- The facility charge person shall assign personnel to ensure that all patient rooms in the affected smoke zone have been evacuated, and ensure those patients and other nonessential persons **do not** re-enter the smoke zone.
- Ensure all corridor and smoke barrier doors are closed.
- Upon arrival of the fire department, the senior fire authority (Incident Commander) and the facility charge person will coordinate their actions to ensure patient safety.
- Based upon a coordinated decision between the incident commander and facility charge person, the evacuation of other person(s) who remain within the facility may need to continue.